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,	PAT	ENT APPLIC		I FEE DETE ute for Form PT		N RECORD		Applies	idn or Docket Nu	imber 5	
CLAIMS AS FILED PART I (Column 1) (Column 2)						SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA			RATE	FEE		RATE	FEE				
	IC FEE CFR 1.16(a))						s	OR		s	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 = *			× \$=		OR	x s=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		vis .	minus 3 = *			x \$=		OR	x \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+s =		OR	+ \$ =				
* If t	* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	500	OR	TOTAL		
1 CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY					
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total (37 CFR 1.16(c))	.6	Minus	Ö()	=	x \$=		OR	× \$=		
1EN	Independent (37 CFR 1.16(b))		Minus	3	=	x s=		OR	× \$=		
A	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))	+ \$=		OR	+ \$=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total (37 CFR 1.16(c))	*	Minus	**	=	x s=		OR	x \$=		
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	× \$=		
Α	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+s =		OR	+s =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)			_			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	
DM	Total (37 CFR 1.16(c))	•	Minus	**	=	× s=		OR	x s=		
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	x \$=		
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ s=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		olumn 1 is less tha Number Previously				3.		•			

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 Application or Docket Number 10645115													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS .			7					ΙĒ	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASK	FEE	375.00	OR	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		•	0 X\$1		9=		OR	X\$18=		
IND	EPENDENT CL	aims	/ minus 3 =		. 0		XA	X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	·	OR	TOTAL	750	
/ / CLAIMS AS AMENDED - PART II OTHE									OTHER				
- 6	9/13/13	(Column 1)	(Column 2) (Column 3)			SM	ш		OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA'	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	• 7	Minus	**	7	•	X\$	9=		OR	X\$18=		
AME	Independent	• /	Minus	Add .	7	•	X4:	}=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=		OR	+280=		
							ADDIT.	TAL	-	OR	TOTAL ADDIT, FEE		
1		(Column 1)		(Colu	mn 2)	(Column 3)		ree			ADDIT FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	EST BER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
202	Total	*	Minus /	**		=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus /	***	T CH AIRA	-	X4:	<u>}=</u>	٠	OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14			OR	+280=		
						ADDIT:	FEE		OR	ADOIT. FEE			
_		(Column 1)			mn 2) ÆST	(Column 3)	ı <u> </u>						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• /	Minus				X\$	9=		OR	X\$18=		
B	Independent	•	Minus	***		-	XA	2=		OR	X84=		
ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140s							0=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Proviously Pald For" IN THIS SPACE is less than 20, enter "20." ADOIT, FEE								OR	TOTAL ADDIT, FEE				
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													